Ontario Ministry of Health Annual Report 1983–84

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Ontario

Office of the Minister
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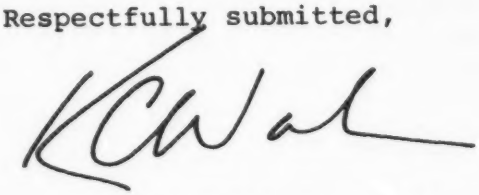
To His Honour
The Lieutenant-Governor
of the Province of Ontario

May it please your honour:

It is my pleasure to present the fifty-ninth annual report of the Ministry of Health for the twelve-month period ending March 31, 1984, and the report of the Ontario Health Insurance Plan, as required under the Health Insurance Act.

Respectfully submitted,



Honourable Keith C. Norton, Q.C.
Minister of Health

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Message from the Minister

Honourable
Keith C. Norton, Q.C.
Minister

In this bicentennial year, when we celebrate the accomplishments of all the people who have made Ontario their home, it is fitting to observe that high quality health care is one of our proudest achievements as a society. Life expectancy, a broad measure of health status, has increased four years for men and six years for women in the past three decades alone.

But, like other fields, health care has entered the age of specialization. The quality of care now depends on a complex interaction of many professions, institutions, and community service agencies. Teamwork and co-operation are essential if the needs of the people are to be met.

It is government's obligation to create an environment where agreement on basics and a working consensus among the numerous health care participants can be reached.

This is why I regard the consultative planning process initiated by the ministry this year as vitally important.

In all, nearly 1,000 people participated in the series of policy conferences held to explore the theme "Health Care: the '80s and Beyond." These proceedings, which have charted the directions we should now take, demonstrate that diverse groups can find common ground through an overriding commitment to the general welfare.

I look forward to commencing the second phase of the consultation process, to refine and develop further the agenda for change which has emerged from the deliberations so far.

In other areas as well, 1983-84 has been a year of fruitful dialogue between the Ministry of Health and the people who provide and use health care services.

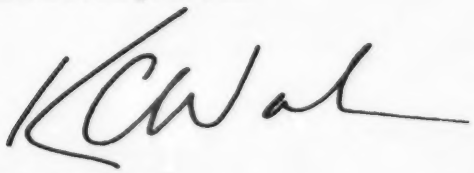
An intensive review of Ontario's health disciplines legislation began with dozens of professional and other groups participating. The goal is to modernize the regulatory framework which is the basis for quality control in our health care system.

I was pleased to receive the final report of Dr. Gil Heseltine, who conducted a two-year review of mental health services in the province. Dr. Heseltine consulted widely in preparing his report, which has now been circulated to the mental health community for reaction and feedback.

This year as well several important advisory bodies to the ministry were appointed, including one to help us manage the introduction of new medical high technology in the province.

I give my personal pledge to preserve this spirit of partnership in the years ahead, for health care is more than just another government activity. All of us who participate in the system are custodians of the noble Ontario tradition of excellence and service.

Working together, we will meet our responsibility to preserve and strengthen our health care resources for the next decade and the next generation.



Keith C. Norton
Minister

Message from the Deputy Minister

I have had the privilege of serving as Deputy Minister of Health for only three of the 12 months covered by this annual report. Nevertheless, I can say with confidence that in 1983-84 the ministry has achieved tangible progress in meeting major health care priorities.

Reforms have been introduced to ensure a sensitive, caring environment for the residents of Ontario nursing homes. Such initiatives as mandatory establishment of residents' councils should encourage residents to participate in decisions regarding the operation and lifestyle of their homes.

In the field of mental health, we have achieved a better balance between in-patient and community care this year. Fifty-four new rehabilitation and after-care programs were introduced by various community agencies with the ministry's financial backing, representing a 27 per cent increase in the number of programs.

The ministry naturally remains determined to maintain the highest standards of care in the 10 provincial psychiatric institutions. Community advisory boards were appointed this year for most of the hospitals, to keep the facilities responsive to their communities.

Patients' civil rights were protected through the introduction of patient advocates in the provincial hospitals and the proclamation of two remaining sections of the Mental Health Act.

A highlight in community health services was the creation of the final four chronic home care programs. We now offer province-wide access to this service, which makes it possible for thousands of elderly and other chronically ill patients to avoid institutionalization.

The public health system prepared for the proclamation of the new Health Protection and Promotion Act, while continuing to raise immunization levels among school-children through the compulsory immunization program.

Emergency health services continued to evolve as our pilot paramedic program got under way to train ambulance attendants in advanced life support.

Finally, in the hospital sector, which receives 48 per cent of the ministry's budget, solid gains in management performance and patient care were recorded. Responding to new financial arrangements implemented in the past two years, almost all hospitals lived within their budgets while maintaining their customary standard of service.

Research studies were commissioned to clarify the link between a hospital's case mix and its overall costs and use of resources. The results will assist in the development of performance measurement guidelines which will be an important management tool for individual institutions, as well as from a system-wide perspective.

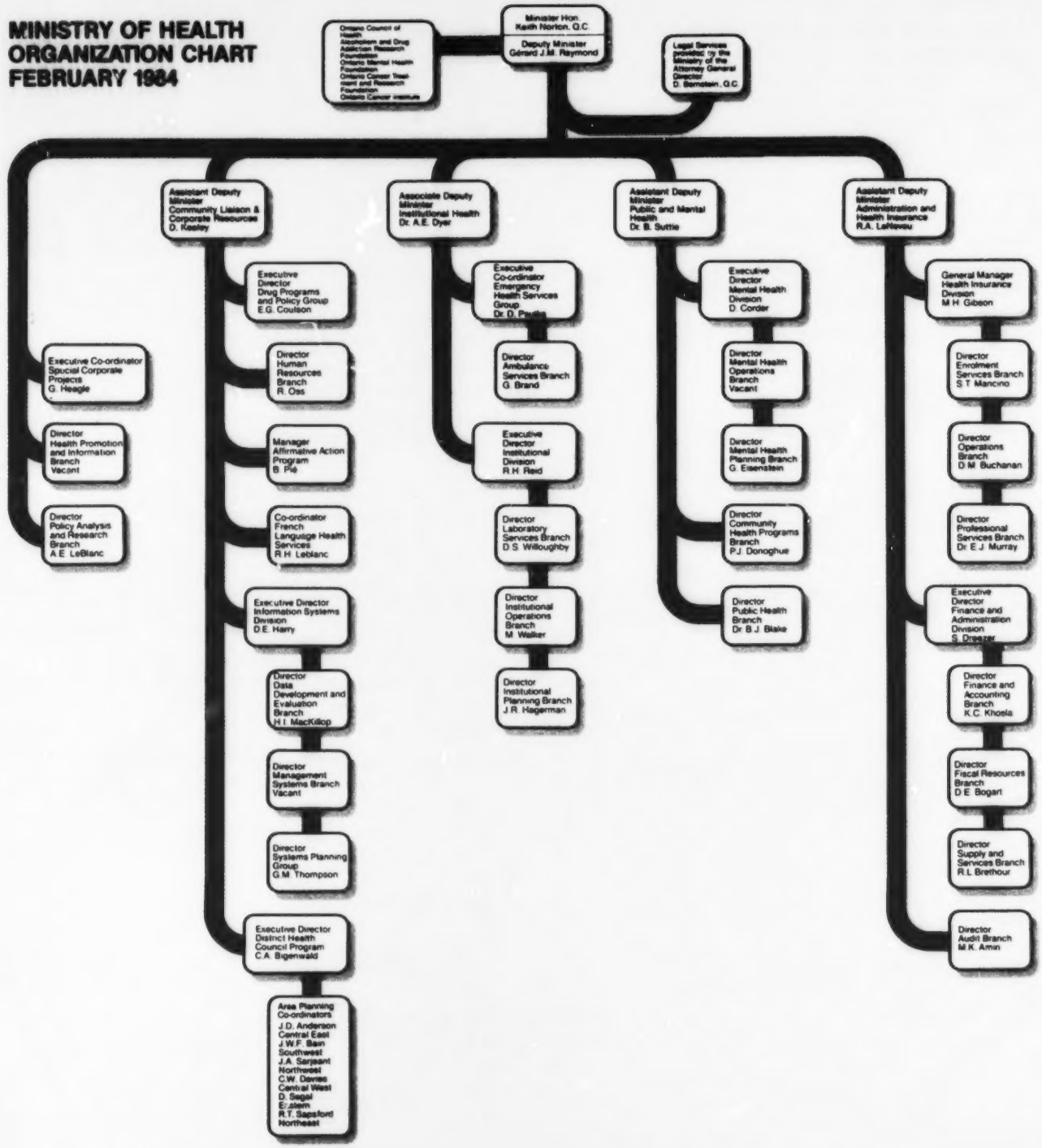
These many advances are very much a tribute to the dedicated professionals who comprise the ministry staff.

I look forward to working with them to continue providing the best possible health care service to the people of Ontario.

Gérard J.M. Raymond
Deputy Minister

Gérard J.M. Raymond
Deputy Minister

MINISTRY OF HEALTH ORGANIZATION CHART FEBRUARY 1984


Ontario Council of Health
Addiction and Drug Addiction Research Foundation
Ontario Mental Health Foundation
Ontario Cancer Treatment and Research Foundation
Ontario Cancer Institute
Minister Hon Keith Norton, Q.C.
Deputy Minister Gérard J.M. Raymond
Legal Services provided by the Ministry of the Attorney General Director D. Bernstein, Q.C.
Assistant Deputy Minister Community Liaison & Corporate Resources D. Keeley
Associate Deputy Minister Institutional Health Dr. A.E. Dyer
Assistant Deputy Minister Public and Mental Health Dr. B. Suttie
Assistant Deputy Minister Administration and Health Insurance R.A. LeNeveu
Executive Co-ordinator Special Corporate Projects G. Heagle
Director Health Promotion and Information Branch Vacant
Director Policy Analysis and Research Branch A.E. LeBlanc
Executive Director Drug Programs and Policy Group E.G. Coulson
Director Human Resources Branch R. Oss
Manager Affirmative Action Program B. Pié
Co-ordinator French Language Health Services R.H. Leblanc
Executive Director Information Systems Division D.E. Harry
Director Data Development and Evaluation Branch H.I. MacKillop
Director Management Systems Branch Vacant
Director Systems Planning Group G.M. Thompson
Executive Director District Health Council Program C.A. Bigenwald
Area Planning Co-ordinators
J.D. Anderson Central East
J.W.F. Bain Southwest
J.A. Sarjeant Northwest
C.W. Davies Central West
D. Segal Eastern
R.T. Sapsford Northeast
Executive Co-ordinator Emergency Health Services Group Dr. D. Pentz
Director Ambulance Services Branch G. Brand
Executive Director Institutional Division R.H. Reid
Director Laboratory Services Branch D.S. Willoughby
Director Institutional Operations Branch M. Walker
Director Institutional Planning Branch J.R. Hagerman
Executive Director Mental Health Division D. Corder
Director Mental Health Operations Branch Vacant
Director Mental Health Planning Branch G. Eisenstein
Director Community Health Programs Branch P.J. Donoghue
Director Public Health Branch Dr. B.J. Blake
General Manager Health Insurance Division M.H. Gibson
Director Enrolment Services Branch S.T. Mancino
Director Operations Branch D.M. Buchanan
Director Professional Services Branch Dr. E.J. Murray
Executive Director Finance and Administration Division S. Draper
Director Finance and Accounting Branch K.C. Khosla
Director Fiscal Resources Branch D.E. Bogart
Director Supply and Services Branch R.L. Brethour
Director Audit Branch M.K. Amin

Hospital Management

1983-84 was a year of continued progress for Ontario's 220 public hospitals in both patient care and administrative efficiency.

The hospital sector began to realize benefits from earlier initiatives to strengthen hospital management, particularly on the financial side.

Hospitals capitalized on the incentives for more business-like administration under the ministry's BOND (Business-Oriented New Development) Program inaugurated in 1982. Under the plan, hospitals retain any budget surpluses achieved by cost savings or revenue-producing activities. They no longer have to return these funds to the ministry at the end of the year as was previously required. The money, of course, must be invested in services and programs that will enhance patient care.

A new method of calculating hospital budgets was introduced in 1982-83. This involved the introduction of a new budget base which tied each hospital's allocation to its actual spending in 1981-82. The aim was to put an end to recurring year-end deficits.

Hospitals responded enthusiastically and positively to the new budget formula. This year nearly all hospitals kept their part of the bargain by operating within budget while preserving and improving the quality of care.

Hospital Budgets Increased

Even with more effective management programs, hospitals remain the most expensive component of the health care system.

The ministry dedicated $3.66 billion or nearly half its $7.5 billion budget to keep hospitals running this year. The total represents an overall increase of 10.8 per cent in hospital operating funds for 1983-84, a sizeable gain given the climate of government fiscal restraint.

The budget included $32 million to cover the cost of an increase in the number of patients receiving general hospital care; $12 million for the growth in the use of life support programs such as kidney dialysis, heart surgery and cancer chemotherapy; and $36 million for annualizations of existing programs and for new and expanded hospital programs started in 1983-84.

Dr. H. Michaels, chief physicist at the Toronto-Bayview Clinic, shows the first Therac 25, a new cancer treatment device. It is designed to treat deep-seated tumors with optimal doses of radiation, with minimal damage to surrounding healthy tissue.

The Year Ahead

In December 1983 hospitals were informed they would receive an average increase of eight per cent in provincial grants for 1984-85. The raise includes a five per cent increase to cover wage and benefit increases in keeping with the Ontario government's restraint program. The budget also reflects an allocation to meet the costs of new programs, expanded case-loads and growth in life support programs.

The new money will bring ministry spending on hospitals to nearly $4 billion, or an average of $465 for each Ontario resident.

Hospital Performance Measurement

In the private sector, efficiency and effectiveness are determined by profits: the bottom line. In the hospital sector, performance measurement frequently requires greater complexity and sensitivity. Nevertheless, we are now developing appropriate methods to determine how well institutions are doing their jobs.

This year, the ministry computerized its information base on hospital finances and then prepared financial and operational profiles of each facility. This data provided the basis for comparing hospitals in such areas as patient admissions, discharges, length of stay in various departments and related costs.

Armed with this management information, hospitals are better equipped to pinpoint problem areas and to identify opportunities for improvement.

Case Mix Studies

Because no two hospitals have exactly the same case mix, a more sensitive gauge of hospital performance is needed. A hospital treating more complex and serious illnesses, for example, faces different pressures than does an institution with a less demanding workload.

In February 1984 the ministry awarded $250,000 each to Kingston General Hospital and London's University Hospital for research projects on this issue. The studies will determine how the treatment of specific types of illness and injury affects the use and cost of hospital resources.

The 18-month projects will be monitored by a steering committee with ministry and hospital sector representatives. This group will help other institutions apply the results to their own management practices.

The ministry intends to use the findings of these studies and other research to formulate performance measurement guidelines. These standards will provide a better means of describing hospital work-loads and a better basis for planning patient services and estimating resource needs. The indicators will be useful management tools for hospitals in monitoring service levels and controlling costs.

Hospital Co-operation

The ministry continued to encourage hospital co-operation at the community level to guarantee access to a full range of modern health services, without costly competition or duplication among institutions. Working with district health councils, hospitals in several communities advanced in this direction.

In Sarnia, the General Hospital, St. Joseph's Hospital and the Lambton DHC worked on a plan to define the roles of each hospital. The goal was to avoid service overlaps while preserving each institution's identity. The two hospitals had previously combined their medical staffs and established a single obstetrical service, a single psychiatric unit, a regional cardiac care unit and a common admitting system.

In Peterborough, the co-operative redevelopment of the city's hospitals continued with the centralization of pediatric services at The Civic in March 1984.

Eight Red Cross hospitals amalgamated with public general hospitals during the year. Hospitals in Thessalon and Richards Landing combined with Plummer Memorial in Sault Ste. Marie; those in Rainy River and Emo merged with La Verendrye General in Fort Frances, to form Rainy River Valley Health Care Facilities, Inc.; those in Haliburton and Minden amalgamated with St. Joseph's General in Peterborough; Burk's Falls Hospital amalgamated with the Huntsville District Memorial Hospital in Huntsville; and the one in Bancroft combined with the Belleville General in Belleville.

The two hospitals in North Bay continued to work toward a joint hospital venture, while in Timmins the interim board appointed by the minister proceeded with the planning of a district hospital.

New Hospitals

The ministry this year approved construction of several new hospitals, as well as an array of expansion, renovation and redevelopment projects.

In Owen Sound, concrete was poured for the new Grey Bruce Regional Health Centre on the former Dr. Mackinnon Phillips Psychiatric Hospital site. The ministry will fund $35.6 million of the $53.4 million total cost of the facility.

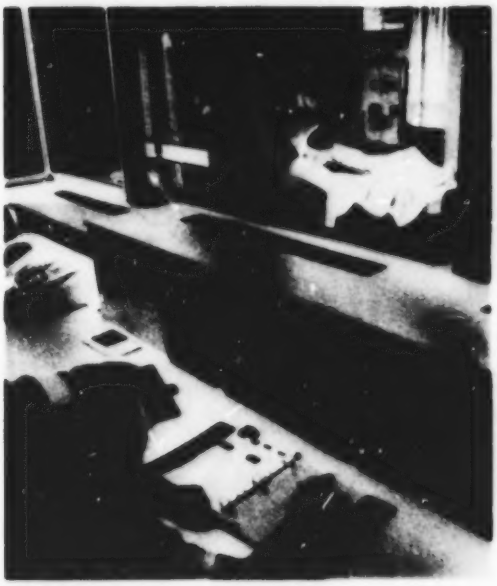
Work also began on the new 302-bed Scarborough Grace General Hospital, with the ministry pledged to provide about $33 million of the $50 million-plus project costs. The new building will place special emphasis on emergency and out-patient facilities.

The rapidly-growing Region of Peel will have a third general hospital when construction of the new Credit Valley Hospital, begun this year, is completed in the fall of 1985. The province is providing $40.6 million of the $70 million total cost of the 366-bed facility.

London's Victoria Hospital awarded three additional contracts worth a total of $8 million to continue construction begun in 1982 on the site of the old Westminster Veterans' Hospital. The project, involving relocation of the obstetrical, gynecological and family medicine units, represents phase one of the hospital's redevelopment program. The ministry is contributing approximately $53.6 million toward the $84.2 million total project cost.

Also at the Westminster site, work proceeded on the new 475-bed Parkwood Hospital, a chronic care institution which will replace the present Parkwood facility and the veterans' unit at Westminster. The new hospital will include a day hospital, a unit for disabled young people and a 40-bed special rehabilitation centre.

James Bay General Hospital began constructing a new building to house its Attawapiskat hospital unit. The replacement facility will offer the latest acute care services while introducing chronic care to the community for the first time. Under special regulation, the ministry will finance the entire $4.9 million cost of this northern project.



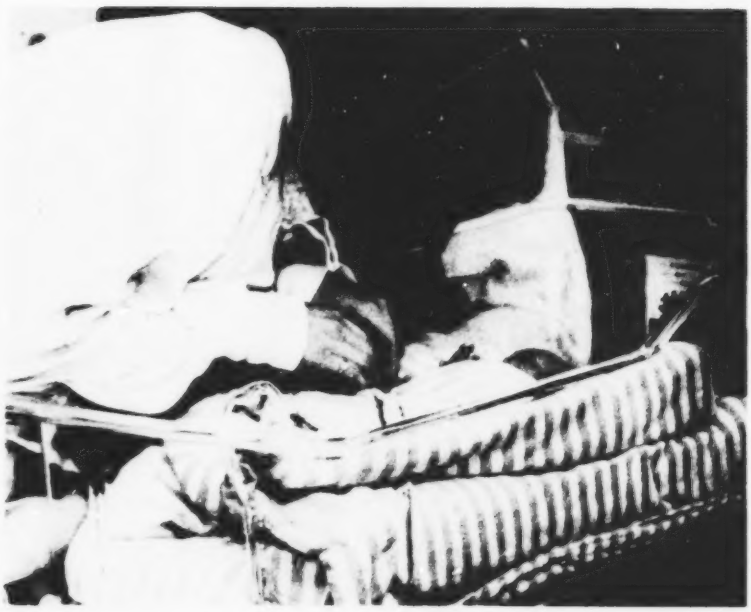
The five-bed intensive care unit at St. Joseph's General Hospital in Elliot Lake is part of the expanded facilities officially opened in September.

Hospital Expansions

This summer Toronto Western Hospital started construction on a new seven-storey wing to replace obsolete facilities. The new building will house 188 acute care beds as well as the emergency department, out-patient clinic and several other units.

St. Joseph's General Hospital in Elliot Lake celebrated its 25th anniversary in September by officially opening expanded facilities including a five-bed intensive care unit, additional laboratory services, and a radiology department equipped with ultra-sound. The ministry contributed $3.9 million toward the $5.9 million project.

Cornwall General Hospital awarded a $1.2 million contract to expand and renovate its operating rooms, including recovery areas and support facilities. The ministry is covering two-thirds of the cost.



The new perinatal unit at St. Joseph's Hospital in London. The hospital is the regional centre for high-risk obstetric and neonatal care.

Psychiatric Facilities

The Hamilton General Hospital division of Hamilton Civic Hospitals established a psychiatric clinical teaching unit with projected annual ministry funding of over $900,000. The unit will train physician residents in conjunction with the School of Medicine at McMaster University.

York Central Hospital in Richmond Hill completed renovations to its psychiatric day care facilities to provide expanded quarters for the program. The ministry contributed $290,000 toward the $450,000 project which includes in-service education, conference and activity rooms as well as office space.

Perinatal Units

This year the ministry continued to implement its plans for establishing centres in each region to provide specialized care for high-risk mothers and infants.

In London, St. Joseph's Hospital began building a new perinatal unit and improved obstetrical facilities. The hospital is the regional centre for southwestern Ontario for high-risk obstetric and neonatal care.

In the northeast, Sudbury General Hospital received approval to establish a regional perinatal unit. Planning began immediately, with construction expected to take two years.

Ontario's perinatal death rate has been halved since the late 1960s and should continue to fall as the new facilities are added.

Children's Treatment Centre

Older children with special needs also received priority attention from the ministry. The Kent County Children's Treatment Centre, for example, awarded a contract for construction of a new facility, with the province covering $1.5 million of the $2.4 million project costs.

The centre offers out-patient assessment, diagnosis and rehabilitation services for physically handicapped children and teenagers. In addition to more space for daily activities, the new building will feature a therapeutic pool.

Chronic Care

Ontario's population of senior citizens is forecast to grow 57 per cent in the next 20 years. This is a trend that is certain to heighten our province's need for appropriate long-term care services and facilities.

Several hospitals this year took action to meet the rising demand.

In Metropolitan Toronto, construction began on the new 300-bed Baycrest Hospital, a long-term care facility to replace the

present 154-bed hospital. The ministry will provide $32 million toward this $61.6 million project, which will offer a range of medical, social and recreational programs unsurpassed in the province.

In Whitby, Dr. Joseph O. Ruddy Hospital opened a 32-bed continuing care unit with physiotherapy, occupational therapy and recreational facilities. The first admissions included patients transferred from Ajax-Pickering Hospital, allowing the latter institution to convert 18 beds to acute care status.

Also under construction was a 20-bed chronic care unit at Charlotte Eleanor Englehart Hospital in Petrolia and a 38-bed unit at Henderson General Hospital in Hamilton.

Geriatric Assessment Centres

It is often difficult for families and elderly patients to decide on appropriate service requirements, choosing among a hospital, nursing home or other program or institution. Since proper diagnosis and assessment of the patient's condition is the first step, the ministry has funded two geriatric assessment centres.

Ottawa Civic Hospital this year opened the initial phase of a geriatric assessment unit consisting of a day hospital and an out-patient program, to be followed by an 18-bed in-patient assessment area.

In Hamilton the Chedoke Division of Chedoke-McMaster Hospitals expanded its geriatric assessment unit from 12 to 20 beds. This service utilizes a multi-disciplinary team and has been in operation since 1979.

Better diagnosis and assessment will ensure that patients are placed in the facilities most appropriate to their needs. Those able to remain in the community will be identified and supported by home care or other programs as needed. The result should be a reduction in the backlog of chronically ill patients in acute care beds.

Construction of the new Baycrest Hospital in Toronto.
Photo: Baycrest Centre for Geriatric Care.

Patients in the new continuing care unit at the Dr. Joseph O. Ruddy Hospital in Whitby. The unit has physiotherapy, occupational therapy and recreational facilities.

The geriatric assessment unit at Hamilton's Chedoke-McMaster Hospitals was expanded from 12 to 20 beds.

A patient undergoes a CAT scan diagnosis, which involves a minimum of risk and discomfort.

Day Hospitals

The day hospital is another innovative service tailored to meet the health care requirements of elderly people. During a full day program, patients receive hospital rehabilitation services such as nursing care and physiotherapy and, as an adjunct, social and recreational services. There are now 21 day hospital programs in the province.

This year Queensway-Carleton Hospital in Ottawa expanded its day hospital service to accommodate an average of 12 people. Almonte General Hospital opened a day hospital as part of its chronic care expansion, and planning proceeded to introduce the concept at St. Joseph's General Hospital in Peterborough.

Heart Institute

The Heart Institute at Ottawa Civic Hospital was officially opened with international acclaim and recognition in September 1983. Its facilities include the latest in in-patient and diagnostic services, as well as out-patient programs and an innovative cardiac rehabilitation area. The ministry has increased the hospital's annual allocation of operating funds by $4 million as a result of the last phase of this capital project.

CAT Scanners

Ontario now has 32 CAT scanners. The ministry this year approved the installation of computerized axial tomography units at Kitchener-Waterloo, St. Joseph's (Toronto), St. Joseph's (Hamilton), Mississauga General, Etobicoke General, North York General, Oshawa General, St. Joseph's (London) and St. Catharines General Hospitals.

The scanners use narrow X-ray beams, radiation detectors and computer print-outs with a video screen to provide a cross-sectional "slice image" of bones, tissues and organs. CAT scan diagnosis involves a minimum of risk and discomfort to patients.

Capital Projects Accelerated

The Ministry of Health allocated $15.6 million from the Ontario government's Board of Industrial Leadership and Development (BILD) for job creation projects in 15 Ontario hospitals.

The money was used to accelerate a variety of construction projects already under way or proposed for hospitals in Bancroft, Barrie, Belleville, Brantford, Chatham, Hamilton, Attawapiskat, Ottawa, Peterborough, Picton, Toronto and Windsor. Projects ranged from the addition of chronic care units to improvement of power systems.

The funds were part of a $167.5 million government commitment for direct job creation projects. This in turn falls under the $247 million accelerated capital works program announced in May 1983 by then Treasurer Frank Miller.

Hospital Energy Conservation

The Ministry of Health and the Ministry of Energy continued their collaboration to help hospitals conserve energy by switching from oil to gas. Conversion projects were completed in Port Perry, Alexandria, London, Ottawa, Penetanguishene, Guelph and Toronto.

Out-patient Physiotherapy

More than 13,000 people a year are expected to receive physiotherapy through new or expanded out-patient programs which began at 36 hospitals in 1983-84. Ministry funding for this initiative totalled $800,000.

The hospitals are located in underserviced areas, as designated by the ministry and the Ontario Physiotherapy Association.

Physiotherapists help patients regain muscular strength and improve co-ordination and range of movement through instruction and suitable exercise programs.

Speech Pathology and Audiology

Ten new speech pathology and audiology programs were launched this year under the ministry's ongoing initiative to expand access to these services. Six of the new programs are based in public hospitals and four in public health units, with the total annual operating cost of about $400,000 funded by the ministry.

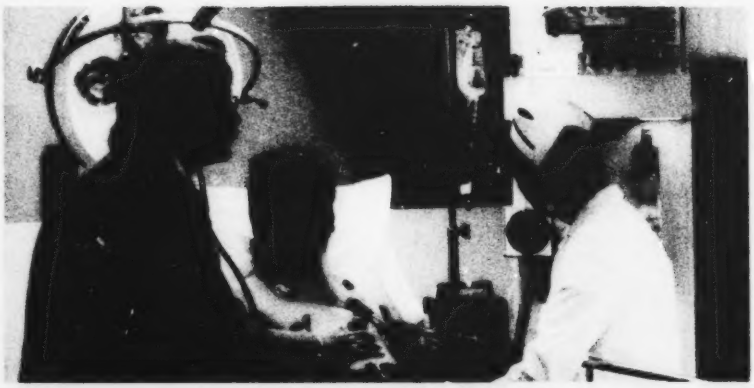
Audiologists assess, diagnose and help to overcome hearing disabilities, while speech pathologists diagnose and treat disorders of speech, language and voice.

A physiotherapist works with a patient.

Emergency Health Services

In its second full year of existence, the ministry's Emergency Services Group continued to assemble the building blocks for a comprehensive emergency services system. The ministry is working to create an integrated pre-hospital and hospital emergency care network in each region of the province.

In the pre-hospital phase, the network would include a tiered emergency response capability encompassing all public safety agencies such as the police, firefighters and ambulance services. Other components would include: Cardio-pulmonary resuscitation (CPR) training for police, firefighters and the general public; a central emergency number such as 911; central ambulance dispatch; and paramedics trained in advanced life support.



The resuscitation room at Brantford General Hospital is part of the renovation project which will make the hospital the main emergency centre for Brant County.

The first group of paramedic students, who began training at the Toronto Institute of Medical Technology in January, are shown with Minister of Health Keith Norton (seventh from left).

The ministry requested the 26 district health councils across the province to create emergency health services committees and 21 had done so by year end.

Six area EHS committees were formed, representing DHCs in each region of the province, to encourage regional planning and co-ordination of services which cross district boundaries.

In turn, the area committees are represented on a Provincial Emergency Health Services Advisory Committee established this year. Under the chairmanship of Dr. Arthur Scott, anesthetist-in-chief at Toronto General Hospital, the committee consists of 18 emergency care planners, providers and consumers. The group will provide counsel to the ministry on implementation of the EHS system concept in communities across the province.

In the hospital phase, categorized emergency departments and specialized facilities will be needed if emergency patients are to have access to the latest technology and expertise. This means that centres of excellence are to be designated for burn, trauma, cardiac and other critical-care fields, with other hospitals offering a basic level of emergency care.

To build such a complex system, intensive planning and strong co-operation are essential at the local, regional and provincial levels.

Paramedic Program

Ontario's pilot paramedic program was launched in January 1984 when 54 ambulance attendants began special training at the Toronto Institute of Medical Technology. The course equips candidates to start advanced life support procedures on accident and cardiac victims at the emergency scene and while in transit to hospital.

The ministry has budgeted nearly $1 million for this pilot program.

The first six students were slated to begin responding to calls in April 1984, with six more graduates to become available every three weeks until late October.

Initially, the paramedics are being assigned to land ambulances in Toronto and Hamilton, and to air ambulances based in Sudbury and Thunder Bay. In each locality they carry out their duties while in radio contact with a supervising physician at the designated base hospital.

Once the curriculum and the quality of training have been evaluated, the ministry plans to initiate the course in other communities which have established the necessary back-up capability and support structure.

Citizen CPR

Citizen participation — to recognize an emergency, call an ambulance and begin the basic life support procedures such as CPR — is the first link in the emergency services chain. In heart attack cases it is vital to start cardio-pulmonary resuscitation as soon as possible, since irreversible damage results when the brain's oxygen supply is cut off for more than four minutes.

In some communities, the public has been mobilized by the local initiative of district health councils and emergency care providers for this important role of first responder. Also, the ministry organized a display at the Canadian National Exhibition this summer. The highlight was an hourly stage show in which live performers portrayed a choking incident, demonstrated CPR, and depicted the arrival of paramedics at an accident scene.

More and more Ontario communities are providing CPR and first aid training through heart-saver programs, service clubs or public health units.

To provide a first responder capability throughout the government work place, the ministry co-ordinates a CPR and first aid training program for Ontario civil servants.

The paramedics are using a cardiac monitor/defibrillator in an attempt to restore normal heart activity.

The Emergency Health Services display at the Canadian National Exhibition attracted attentive audiences to its hourly stage presentation.

Courses are given in government offices across the province by such organizations as the Red Cross, St. John's Ambulance, and the Ontario Heart Foundation.

To date, 2,254 provincial employees from 25 ministries and secretariats have been trained in CPR, and 895 of these have also taken first aid.

Bandage 1, which was the first air ambulance to see service in Ontario, lands at the new heliport at University Hospital in London.

Air Ambulance

Ontario's air ambulance program, operated by the ministry, consists of five aircraft (three helicopters and two fixed-wing) dedicated to health emergencies, with back-up from chartered and scheduled airlines. The fleet recorded a 21 per cent increase in call volume this year: 9,800 patients were carried an average of 274 kilometres each.

The Ministry of Health constructed 23 additional heliports this year, raising the total to 37 day-night pick-up points for the helicopter ambulance service. The Ministry of Health receives annual funding support from the Ministry of Northern Affairs to assist with development of the northern service.

Land Ambulance

Land ambulances remain the backbone of Ontario's ambulance service. One of the finest in North America, this system provides residents of the province with safe, rapid emergency transportation to appropriate health facilities. It is an essential component of an integrated EHS system.

In 1983-84 Ontario's land ambulances carried some 620,000 patients, a five per cent increase from the year before. The network includes 202 ambulance services with more than 3,000 personnel throughout the province.

Critical Care Transport Units

The ministry operates two critical care transport units specially developed for the transportation of patients between hospitals. The province's first critical care transport unit began service in London in 1982. So successful was this project that the ministry introduced a similar vehicle in the Kingston area, and plans to place two more in 1984.

The critical care transport units are fitted for advanced life support and equipped with a radio system to transmit cardiac monitoring and other communications to the hospital.

Manned by a team of physicians, nurses or technicians selected for each case, the vehicles are designed to provide many of the services offered by a hospital intensive care unit.

Central Dispatch

Good communications links are critical to the functioning of the emergency services system. The ministry this year continued to implement central ambulance dispatch by opening centres in Owen Sound and the Niagara Region. Ultimately, all local patient transfers will be co-ordinated by 17 centres located throughout the province.

All long-distance air transfers are already co-ordinated through the ministry's dispatch service at Oak Ridges.

New Emergency Facilities

The Royal Victoria Hospital in Barrie began construction of a 16-bed addition for critically ill patients and an expanded emergency department, in February 1984. The ministry is providing $2.3 million of the $3.5 million cost. The hospital is located on the route to major resort areas and has recorded a 50 per cent increase in emergency department visits in the past decade.

The Children's Hospital of Eastern Ontario in Ottawa also received the go-ahead to expand its emergency department, where the work-load has more than doubled since the hospital opened in 1975.

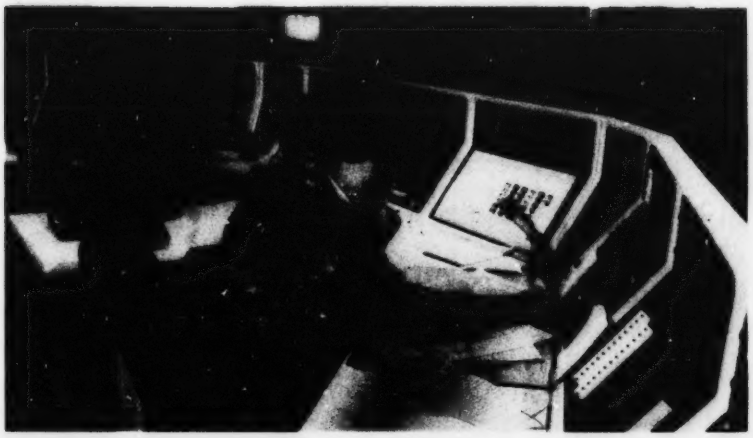
Scarborough General Hospital officially opened its new ambulatory care, emergency and day surgery areas in June 1983, capping a four-year project.

Four Counties General Hospital in Newbury received ministry approval to start planning to expand its emergency and out-patient departments and to build a new physiotherapy unit.

Telehealth Program

The ministry's telehealth program is exploring the application of advanced telecommunications technology to the health care system.

The program has three objectives: (1) to encourage the development of communications networks linking smaller communities and regional referral centres; (2) to provide physicians and other health professionals with access to diagnostic and therapeutic resources not available in their local areas; and (3) to give health care providers in remote communities the opportunity to upgrade skills and knowledge through formal education programs.



The radio dispatch centre in Sault Ste. Marie links air and land ambulances with major hospitals.

In 1983-84 some 50 hospitals participated in the Telemedicine for Ontario project. The system uses an audio conference bridge to deliver continuing education programs to medical and allied health personnel in communities outside teaching centres. The program is funded by the ministry and sponsored by the Health Science Faculties of the five provincial university centres, with administration provided through the Toronto General Hospital.

A two-way television link between University Hospital in London and Woodstock General Hospital 35 miles away is employed frequently by clinical departments of both hospitals.

The Health Facilities Special Orders Act was passed in June 1983.

The system is primarily used for case-oriented continuing education involving substantial interaction by the participants. Most patient-related consultations have occurred in the field of psychiatry, with positive results. This suggests that telecommunications links may help meet psychiatric manpower needs in certain underserviced areas.

Expansion of the system is under way to include two other London teaching facilities, Victoria Hospital and St. Joseph's Hospital.

In March 1984 the Northeastern Ontario Telehealth Network (NOTN) was incorporated by 12 hospitals and health agencies in the region. Centred in Sudbury, this group is working to establish audio, video and data communications systems to connect small hospitals with regional referral centres. The network will be designed to meet continuing education, patient care and administrative needs.

This project is a significant milestone because it involves the agreement of several independent institutions to plan and implement a health telecommunications network on a collaborative basis. A similar agency is being developed in northwestern Ontario.

Nursing Homes

The Ministry of Health moved aggressively to protect and improve the quality of care for residents of Ontario's 332 nursing homes.

The nursing home system continued to expand to meet the needs of Ontario's growing number of elderly citizens. Operators around the province opened a total of 297 new beds and received approval to add 340 more.

In awarding beds, the ministry gave preference to homes which agreed to admit patients referred from local hospitals, or those needing more than the minimum 1½ hours of daily nursing care required under the *Nursing Homes Act.*

Strict Enforcement

The ministry has strengthened the enforcement of compliance with all nursing home regulations. Seven fire safety inspectors were seconded to Health from the Ministry of Municipal Affairs and Housing for one year, and plans were announced to recruit 10 more inspectors for the nursing home service.

In December 1983 an experienced government prosecutor, Lloyd Budzinski, Q.C., was seconded to Health from the Attorney General to spearhead legal action against homes with recurrent violations against the *Nursing Homes Act.* To ensure that charges stand up in court, the prosecutor formulated guidelines for inspectors to follow when reporting violations.

The ministry's authority to act on these matters was strengthened by an amendment to the Nursing Home Regulations. A home found in violation of the regulations by an inspector, for example, must now file a compliance plan within seven days or face prosecution.

Take-over Authority

Legislation passed in June 1983 permits the ministry to act decisively if the health or safety of nursing home residents is threatened. Known as the *Health Facilities Special Orders Act*, the legislation provides for immediate suspension of a nursing home licence — either temporarily or in conjunction with a proposal to revoke the licence — and also permits the ministry to operate the home for all or part of the period during which the suspension is in effect.

The Act also applies to ambulance services, laboratories, specimen collection centres and private hospitals.

In the first exercise of this authority in July 1983, the ministry moved to revoke the licence of Ark Eden Nursing Home in Stroud and took over operation of the home pending completion of a hearing by the Nursing Home Review Board respecting the ministry's proposal. The following January the Board, while finding that the ministry action had been justified, ordered that the operator of the home be permitted to resume operation on a trial basis.

The ministry appealed the Board's order to the Divisional Court, and continues to operate the home pending completion of the appeal. In July 1984 the Divisional Court authorized the ministry to revoke Ark Eden's licence. The operator has, however, been granted leave to appeal to the Ontario Court of Appeal from the decision of the Divisional Court.

The ministry again found it necessary to invoke its new powers in August 1983. Sunnyside Private Hospital in Toronto was closed and its patients relocated because the facility had failed to meet acceptable standards of care and had not remedied fire safety deficiencies.

Reports Made Public

New policies and regulations were introduced this year to encourage more openness, communication, and participation in nursing home life.

On July 1, 1983, the ministry began releasing full reports on nursing homes based on the annual re-licensing inspection. These are designed to provide consumer information which will assist prospective residents and their families in selecting a home.

The reports include facts about the home's size, age and accreditation status; a description of its facilities, services and programs; and a list of any non-compliances cited in the inspection report, together with the owner's corrective action.

By the end of the fiscal year, 214 reports had been made public, with the remainder to follow as inspections were completed. The reports must be prominently displayed in the homes and may also be obtained through the ministry.

A meeting of the residents' council at Bestview Nursing Home in Toronto.

Residents' Councils Mandatory

Each nursing home operator must provide residents with the opportunity of forming a residents' council, as the result of a new regulation effective January 1, 1984. While the majority of homes had introduced councils voluntarily, the ministry wanted all residents of all facilities to have access to such forums so that they could raise concerns and participate in matters affecting their lives in the nursing homes.

By the end of March the proportion of homes with residents' councils had reached 98 per cent.

Leaves of Absence

Another new regulation extended the leave of absence for residents who have to leave their nursing home temporarily to enter hospital. The ministry now may continue paying the government portion of the nursing home rate for 14 days following hospital admission, instead of 72 hours as before.

The broader coverage should free nursing home residents from financial hardship and worry due to illness requiring hospitalization.

Compliance Deferrals to End

When the nursing home industry became subject to government supervision in 1972, some homes were allowed to defer correcting certain structural and environmental shortcomings that affect the living standards of their residents. Deferrals were granted so the operators could prepare for what in many cases would be major rebuilding.

It was announced in December 1983 that the ministry is now committed to bringing these homes up to full standard. A process to achieve this objective is being developed in consultation with the nursing home industry.

Northern Extended Care Program

The Ministries of Health and Northern Affairs have worked together to award 75 nursing home beds under the Northern Extended Care Capital Assistance Program. This joint project enables small northern communities to provide nursing home care under the auspices of their local hospitals. This means that more northerners who enter nursing homes will be able to remain near the communities where they have spent their lives.

This year beds were approved for hospitals in Dryden, Geraldton, Atikokan and Smooth Rock Falls.

Strategic Planning Process

The consultation process initiated by the ministry to develop a strategic plan for Ontario's health care system gained momentum in 1983-84. Such a long-term approach is essential if the system is to meet emerging challenges, such as the growing elderly population, the explosion in medical high technology and the pressure of financial constraint.

This year the planning process involved seven conferences convened at the minister's request, with representatives of the major provider, professional and consumer groups. The theme of these events was "Health Care: the '80s and Beyond", and the purpose was to provide advice on priorities for the careful, evolutionary reform of the health care system.

In April 1983 the Ontario Council of Health organized a 2½ day province-wide conference attended by 240 delegates representing more than 60 different organizations. This gathering identified eight major strategic directions for addressing future needs.

Further decentralization, to include operations as well as planning, was proposed to make the system more responsive to local needs. A province-wide data base was urged to support basic, applied and clinical research, particularly concerning health promotion, and to monitor health programs and policies.

Funding and incentives were highlighted as a means of encouraging innovation and efficiency in the system. Co-ordination rated a high priority, with the Ministry of Health urged to take the leadership role in co-ordinating all health-related government policies.

Delegates discussed reforms of professional education to emphasize such priorities as health promotion, gerontology and a multi-disciplinary team approach. Public education was recommended to encourage greater individual responsibility for health and the prudent use of health care services.

Alternative delivery systems and redefined professional roles were viewed as ways of encouraging multi-disciplinary teams and the better use of trained personnel. Finally, delegates felt that effective planning requires the participation of both the public and health care providers.

Regional Conferences

Eight themes were then presented as a framework for discussion at six two-day regional conferences convened by district health councils. Representing a cross-section of the health care community in each area, the meetings took place in Thunder Bay, Ottawa, London, Waterloo, Toronto and Sudbury in the spring and summer of 1983.

About 100 local health care providers and consumers, such as physicians, nurses, and representatives of hospitals, labor unions and volunteer groups, attended each of the six events. This community participation and input through the regional conferences shifted the focus of the strategic planning process.

The regional conferences emphasized that health care should not be a standard system providing the same services to everyone, but a flexible system responding to individual needs and community priorities.

Delegates emphasized that health is related to social, economic and environmental conditions. They recommended a stronger focus on health promotion as the highest priority for reform of the health care system. This new direction would shift the orientation of the system from treatment to prevention and encourage greater personal responsibility for health and well-being.

Other concepts advanced to create a responsive, individual-oriented system were: co-ordination of health-related programs, services and manpower; community-based and alternative delivery systems; better access to services; funding and incentives; data and information; and decentralization.

While the regional conferences differed from the provincial assembly in ranking the issues, the overall outcome was a set of common concerns raised at all seven conferences. A consensus was achieved on the major issues the health care system must now address.

Compared with the provincial gathering, the regional meetings were much more interested in immediate care-related matters, such as barriers to access or the need for chronic care beds, than in broader systems issues, such as decentralization or research. Health promotion, one of several items endorsed by the provincial conference, was elevated to top priority status by the regional assemblies.

The first phase of the consultative planning process culminated in December 1983 with the publication of a detailed report on the proceedings of all the conferences. Health Minister Keith Norton reaffirmed his commitment to the process and, with recommendations now received from the various participating groups, stage two of the process is being developed.

A meeting of the executive members of the new County of Simcoe District Health Council, created in July 1983.

District Health Councils

Through their local planning activities, district health councils continued to advance several key trends in the health care system this year. Councils emphasized the planning of emergency health services, and many of them formed special committees to work on the development of an integrated, regionalized emergency health care system.

Councils are also having a significant impact through their recommendations on long term care and mental health services. In these areas DHCs are seeking better co-ordination of both assessment services, to determine patient needs, and aftercare programs, to maintain health after release from hospital.

Many councils have filed interim and final mental health service plans for their districts, in response to the minister's request. A number of DHCs have advocated more emphasis on long-term care facilities such as nursing homes and chronic care hospitals. In particular, attention has been focused on psychogeriatric care (mental health services for the elderly).

Council planning efforts have also lent impetus to the expansion of community health programs such as home care.

Consisting entirely of volunteers, the councils represent local health service providers, consumers and government. Their recommendations provide the ministry with a window on the health care needs of Ontario communities.

The councils' role is to assess community health care requirements, develop plans for comprehensive and co-ordinated services, and advise the ministry on local priorities. With the creation of the County of Simcoe DHC in July 1983, there are now 26 councils in Ontario covering well over 90 per cent of the provincial population.

Each council is supported by a small planning staff funded by the ministry and located in the community. Within the ministry, an executive director, six area planning co-ordinators and a small team of planning analysts provide administrative and planning guidance to the councils. These ministry personnel also analyse council reports and recommendations and advise the minister on emerging health service trends.

In 1983-84 a steering committee was established to determine whether a DHC should be established in the Parry Sound-Muskoka area. Meanwhile, the Ottawa-Carleton Regional District Health Council, the first in the province, celebrated its 10th anniversary.

Mental Health

The ministry's endeavor to build a balanced, comprehensive and co-ordinated mental health care system in Ontario communities continued to maintain its momentum this year.

The goal is to provide each patient with the right level of care, ranging from personal counselling to specialized hospital treatment, at the proper time and as close to home as possible.

Community Based Programs

The typical hospital stay for psychiatric patients has shortened dramatically in the past 20 years, with 90 per cent of hospital stays now lasting less than one month due largely to new drug therapies and treatment approaches.

In order for this emphasis on early discharge from hospital to succeed, appropriate support services in the community are essential to help former patients with the activities of daily living.

This year the ministry committed annual funding of $5.7 million to 54 new community mental health and addiction programs, providing a wide range of aftercare and rehabilitation services. This additional support brought the total number of community-based programs to 256 and the ministry's total contribution to more than $38 million a year.

The new initiatives include five women's mental health programs, such as the detoxification centre created in Ottawa, with annual ministry funding of $203,500.

In Metropolitan Toronto, 11 new mental health programs received total ministry backing of just under $1 million. For example, Friends and Advocates, a successful volunteer program in Etobicoke, joined forces with the Peanut Neighbourhood Youth Centre to launch a self-help program in the eastern part of North York.

Mental health services in sparsely populated northern areas received a boost with the establishment of a counselling program in Sioux Lookout and a psychiatric day-care centre in Timmins.

The new Niagara Housing Program, sponsored by local branches of the Canadian Mental Health Association, will provide supervised and supportive housing for ex-psychiatric patients who need help readjusting to community living.

Several public hospitals strengthened their mental health outreach role with the new ministry funding.

Sarnia General Hospital established a psychogeriatric consultation service which provides a resource team for mental health practitioners dealing with senior citizens.

Sudbury General expanded its psychiatric day clinic, which has been operating successfully for 11 years. People with chronic mental health problems spend the day receiving therapy and counselling at the centre and return home at night.

Peterborough Civic commenced two new programs for former patients: a schizophrenia clinic, and an associated volunteer program which provides one-on-one guidance and support.

Public Information

To promote public acceptance of community mental health programs, the ministry granted $1.5 million to the Ontario Division of the Canadian Mental Health Association to prepare and deliver a major information campaign this year.

Through newspaper articles, seminars, audio-visual presentations and print and broadcast advertising, the program conveyed the message that the caring, supportive environment of the community is often the key to restoring mental health.

The ministry awarded the CMHA $586,000 to continue this important initiative in 1984-85.

Community Advisory Boards

Paralleling the expansion of community-based services, the ministry introduced reforms in psychiatric institutions to ensure progressive care for individuals requiring in-patient treatment.

Unlike public general hospitals, the 10 provincial psychiatric facilities are operated directly by the ministry.

This year Community Advisory Boards (CABs) were appointed for eight of the 10 institutions to strengthen the bonds between the hospitals and the communities they serve. The remaining CABs, for Toronto's Queen Street Mental Health Centre and Penetanguishene Mental Health Centre, are expected to be named in the fall of 1984.

Patient advocate Doris Baker at St. Thomas Psychiatric Hospital listens to the concerns of a client.

Reporting directly to the minister, the boards consist of 12 to 16 members representing both health care providers and the public. Their mandate is to promote community understanding and awareness of mental health issues and to convey community needs and priorities to the hospital.

The boards may recommend changes to hospital programs to meet mental health care requirements more effectively. They also carry out a liaison role to improve teamwork with community agencies offering housing, counselling and other mental health services.

Board members bring their business and professional skills to their advisory duties, giving the hospital access to a wide range of resources and expertise.

Patients' Rights

In an innovative program to strengthen the protection of patients' rights, patient advocates took up their posts in each of the 10 provincial facilities in May 1983.

As trusted counsellors, the advocates respond to inquiries and investigate complaints by patients. They advise patients about civil rights, assist with referrals to appropriate services including legal services, and make recommendations to the ministry on ways of improving patient care and living conditions in the hospitals.

In June 1983 the ministry appointed an advisory committee on the rights of psychiatric patients to assist in implementing and monitoring the patient advocate program. The nine-member committee includes providers and consumers of mental health care as well as lay and legal advocates.

Mental Health Act

While the province's *Mental Health Act* was amended in 1978, two sections of the Act remained unproclaimed.

As of March 1, 1984, sections 66 and 67 were proclaimed.

Under section 66, the attending physician must give written notice of committal to both the patient and the area director of Legal Aid, and the patient must be informed of the right to a hearing before the regional review board.

Section 67 is essentially a "due process" measure that provides specified formal procedures with respect to involuntary admissions. Under these safeguards, the regional review board must hold a hearing if the patient requests one; all parties are assured access to relevant documents; and the patient has the right to appeal the board's decision to the courts.

Electro-Convulsive Therapy

Another complex issue is the use of electro-convulsive therapy (ECT). The ministry has named Windsor lawyer Charles Clark, Q.C., to head a review of ECT in Ontario.

The review group will investigate the current situation and recommend guidelines for the future use of ECT in the province.

Heseltine Final Report

A major two-year review of Ontario mental health services was completed this December with the release of a 275-page discussion paper containing 70 recommendations for development of the system over the next 10 years.

Entitled "Towards a Blueprint for Change: A Mental Health Policy and Program Perspective", the report was prepared by Dr. G.T. Heseltine, Chairman of the Department of Psychiatry at the University of Western Ontario and Chief of Psychiatry at University Hospital in London.

The discussion paper incorporates feedback on an interim report released in January 1983. The final document has been circulated to health organizations, agencies and professionals across the province as a basis for consultation on future measures to improve mental health care.

Since mental health services are delivered by a variety of different agencies, Dr. Heseltine recommends a strengthening of planning and co-ordinating mechanisms at six levels — individual case, local community, district, region, Ministry of Health and inter-ministry.

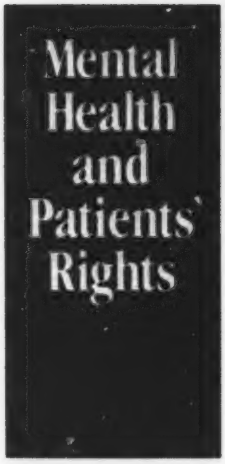
The discussion paper also places a high priority on ensuring continuity of care in three areas: psychiatric crisis services; treatment services for children and adolescents; and rehabilitation and maintenance services for people with chronic mental illness.

To achieve a balance between the distribution of professional expertise and the mental health care needs of the population, Dr. Heseltine advocates the better use and deployment of human resources. Recommendations include more training programs for mental health professionals in the north, links between family practice units and psychiatric facilities, and the appointment of a provincial co-ordinator of mental health volunteers.

New Institutional Roles

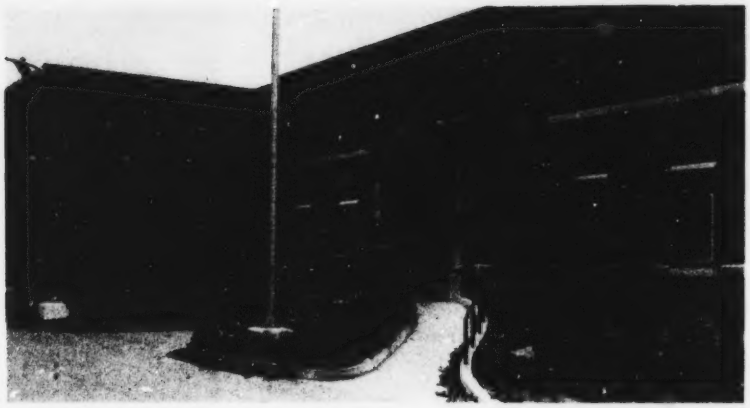
The ministry took a fresh look this year at some of the traditional roles and ways of doing things in the psychiatric hospitals.

At the Oak Ridge Division of the Penetanguishene Mental Health Centre, an independent program review began, focusing on the needs of forensic patients and involuntary patients who require a secure environment.



The pamphlet, Mental Health and Patients' Rights, is a citizen's guide to Ontario's Mental Health Act.

Dr. Gilbert Heseltine completed a two-year review of mental health services in Ontario.

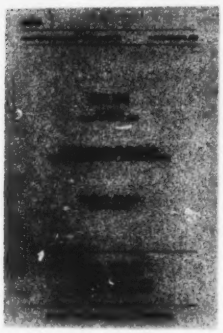


An independent program review began at the Oak Ridge Division of the Penetanguishene Mental Health Centre.

Operational reviews commenced at the Brockville and Lakehead facilities, to determine how hospital organization, programs and services could be more effectively adapted to current priorities. Management reviews were completed at the Whitby and Hamilton hospitals, resulting in organizational changes.

A management information system will be implemented in 1984 to aid administrators in the 10 hospitals.

The Health Protection and Promotion Act replaces the Public Health Act which was founded on legislation enacted in the 1880s.



Public Health

The 43 local public health units across the province are taking action to meet the public's desire for more health counselling, better community care and stronger protection from health hazards.

A key ministry initiative to strengthen the public health system for an expanded role is the new *Health Protection and Promotion Act*. Passed in February 1982, this measure was proclaimed July 1, 1984, replacing the *Public Health Act* which was founded on legislation enacted in the 1880s.

The *Health Protection and Promotion Act* establishes uniform minimum service levels or core programs across the province. This guarantees that all Ontarians will have access to basic community and preventive health services in seven areas: family health, home care, nutrition services, preventive dentistry, public health education, community sanitation and communicable disease control.

While many health units have already reached the standards, those which have not will require time to adjust. The core programs will therefore be phased in over a period of a few years, with the ministry and municipalities sharing the costs according to the usual funding formula.

The new Act also creates the legislative grounds for a close working relationship between the Ministries of Health, Labour and Environment in protecting occupational and environmental health. For example, in investigating an occupational or environmental health hazard, a medical officer of health must consult with the ministry having primary responsibility.

This year the ministry worked with local boards of health throughout the province in order to prepare for the implementation of the new Act.

The Public Health Branch prepared regulations and guidelines to accompany the legislation.

Preliminary planning was also done for the introduction of teaching health units as the public health counterpart to the teaching hospital. This new concept will reinforce the teaching and research base for the practice of preventive medicine.

To strengthen the administrative capability of health units, the ministry undertook to produce a management guide. An advisory committee made up of local board of health representatives and ministry staff was appointed to carry out this project over a two-year period.

Chief MOH

In July 1983 Dr. David Korn was named Ontario's chief medical officer of health (MOH), filling a position created under the *Health Protection and Promotion Act.* Dr. Korn will advise the ministry on public health programs, review the effectiveness of current legislation and policies, and ensure that the public health system meets health needs across the province.

The chief MOH is well equipped for his assignment. As medical officer of health at the Simcoe County District Health Unit, Dr. Korn received an award from the Township of Medonte for his part in the recovery operation following the train derailment and fire of March 1982. In the 1970s, as a consulting epidemiologist with the World Health Organization, he was honored for his work on the global smallpox eradication campaign.

Volunteer Co-ordinators

Health units rely on volunteers to help with a wide range of activities, including vision and hearing screening, dental rinsing programs, and providing transportation to health unit services. This assistance frees professional staff for other health care tasks.

The ministry this year announced it will now share the costs of salaries for staff who co-ordinate the volunteers in public health units. Studies have shown that paid co-ordinators can generate an increase in the number of volunteers and the type of services they provide.

Immunization of Schoolchildren

Progress continues to be made in disease prevention activities as the campaign launched by the passage of the *Immunization of School Pupils Act* in 1982 gains momentum.

The Act requires all pupils attending school in Ontario to have proof of immunization against diphtheria, tetanus, polio, measles, mumps and rubella. Exemptions are made on medical grounds or because of religious belief.

The medical officer of health has the power to order the suspension from school of any pupil who is not immunized or exempt and where he or she is not satisfied that the pupil has completed, or will commence and complete the prescribed program of immunization. During an outbreak of a designated disease in the school at which a pupil attends, he or she has the power to order the exclusion from school of any pupil who is not fully immunized or otherwise immune to infection.

First directed at children entering school for the first time, the immunization drive was broadened this year to cover all pupils under age 18. This second stage of the program should be completed in the 1984-85 school year.

The assessment of pupils in kindergarten and Grade 1 was completed in June 1983 and showed that over 95 per cent of these children were fully immunized. Similar high levels were reported by most health units in the other primary grades in the 1983-84 school year.

The excellent results achieved are a tribute to close co-operation between public health units and local education authorities to protect the welfare of children.

Dr. David Korn is Ontario's first chief medical officer of health.

The pamphlet, A Call to Arms, is directed at teenagers and is part of the second stage of the universal immunization program.

A family member learns respiratory procedures from a physiotherapist so baby can remain at home for treatment.

A visit from a nurse to a homebound patient gives a lift in more ways than one.

High Security Laboratory

Canada's first maximum-containment laboratory — specially equipped to test for suspected cases of exotic, dangerous and highly contagious diseases — will be located within the ministry's central laboratory in Metropolitan Toronto, it was announced in March 1984.

Until now, Ontario has had to depend on foreign laboratories, particularly the Centre for Disease Control in Atlanta, Georgia, to perform tests on specimens from Ontario residents and visitors showing symptoms of Lassa fever or other rare tropical diseases. The new $2.3 million facility will use highly sophisticated environmental-control and testing equipment to obtain results while protecting health workers and the public.

The laboratory will complement the $1.8 million patient isolation unit funded by the ministry and now under construction at Toronto General Hospital. The two facilities will give Ontario a complete testing and treatment capability in fighting these diseases.

The central public health laboratory is part of the ministry's Laboratory Services Branch, which also includes 12 regional facilities. The branch provides a province-wide service for the detection of disease. This year a total of 36 million tests were performed on 3.1 million specimens.

Home Care

For many people with chronic illness, their own homes — rather than institutions — are the best places to receive long-term care. People respond to treatment better and are more content in familiar surroundings with family, friends and neighbors.

Since 1975, the ministry has been phasing in home care programs across the province to provide the equivalent of many hospital services in the patient's home. This year the last four programs were introduced, achieving the goal of province-wide coverage.

Patients are referred to home care by their doctors. Those who meet the eligibility criteria may receive nursing care, nutritional counselling, speech therapy, occupational therapy and physiotherapy, all through home visits. Homemaking assistance may be provided for up to 80 hours the first month and 40 hours each following month based on individual patient need. Drugs, dressings and sick room equipment are also benefits if needed.

These services have long been available under the ministry's acute home care programs for brief illnesses. The average length of treatment under acute home care this year was 28 days, while the average chronic home care patient received 127 days of care.

The new chronic services were added this year to home care programs in Renfrew County, Huron County, Perth County and Metropolitan Toronto. Due to the large case-load expected, the Metro Toronto program is being phased in over a six-month period beginning March 1, 1984.

Placement Co-ordination Services

Patients often have difficulty indentifying the right long-term care institution or program to meet their needs.

Placement co-ordination services have been created in 11 Ontario communities to match patients with suitable services or facilities. The choice could be a general hospital, chronic care hospital, nursing home, home care program or other community-based service such as meals-on-wheels.

The 11th placement co-ordination service, in the Algoma district, was established this year.

Health Service Organizations/ Community Health Centres

When most people in Ontario receive medical care, the doctor is paid on a fee-for-service basis.

Dr. Laurel Dempsey examines a young patient at the province's newest health service organization at Sunnybrook Medical Centre in Toronto. Photo: Health Sciences Media Services, Sunnybrook Medical Centre.

But alternative ways of delivering health care are gaining a broader acceptance. This year Ontario's 18th health service organization (HSO) was created, and planning began for the province's 11th community health centre (CHC).

An HSO offers a variety of health services to a roster of clients who have agreed to use its services on an ongoing basis. The organization is funded on a per capita basis, receiving a monthly sum from the ministry for each enrolled client.

A CHC is a community-based agency that offers medical and other health services, generally to population groups with special needs, such as the frail elderly, the disabled or the disadvantaged. The centres receive budgets from the ministry based on the programs they provide.

Both health service organizations and community health centres emphasize health promotion and a team approach. Doctors, nurses and other professionals work together to assess the patient's needs, provide treatment and develop new programs and services to maintain each individual's health.

The newest HSO was established at Sunnybrook Medical Centre in Toronto in November 1983. Operated by the hospital's Department of Family and Community Medicine, the organization is expected to have a roster of 10,000 patients within a year.

The new CHC will be run by the Parkdale Community Health Centre, which is administered by a board of community residents. Detailed program planning and other developmental work began this year, heading toward a projected September 1984 opening.

Originally introduced as experimental programs, HSOs and CHCs became full-fledged components of the health care system when their funding was put on a permanent basis in the fall of 1982.

Underserviced Area Program

Ontario's Underserviced Area Program, established in 1969 to bring health practitioners to remote locations, has proven to be one of the most successful ventures of its type in the world. At the end of 1983-84 there were 389 full-time doctors and 88 dentists practising in northern and other underserviced communities as a direct result of the program.

The heart of the scheme is the offer of monetary incentives to health professionals to set up practice where they are most needed. General practitioners who relocate to Northern Ontario are eligible to apply for an income tax-free incentive grant of $40,000 paid quarterly (every three months) over four years, and those who practise in underserviced areas of the south may be eligible for $15,000 paid quarterly over four years. Specialists moving to designated areas can receive $20,000 tax-free over four years.

A priority this year was the recruitment of psychiatrists for Northern Ontario, where they are in short supply. The tax-free grant for this specialty was raised to $40,000 paid quarterly over four years. By year's end, 17 psychiatrists had been recruited for the provincial psychiatric hospitals.

A new Underserviced Area Advisory Committee appointed by the ministry in September 1983 will be responsible for recommending areas as underserviced. Composed of four northern residents, the group will make recommendations on the recruitment of professionals and help the program keep abreast of shifting needs.

Undergraduate Bursaries

Undergraduate students of medicine and other health disciplines can obtain aid in their last two years of university. Bursaries of $5,000 are available to those who commit themselves to one calendar year of practice in an underserviced area for each academic year of support.

In 1983-84 bursaries were awarded to 39 medical students, five dental students, 10 physiotherapy students and six speech pathology/audiology students. The program is a joint undertaking of the Ministries of Health and Northern Affairs.

Recruitment Tour

Representatives of 48 underserviced communities undertook a communications program this October to encourage health care professionals and students to locate in their areas.

The fifth annual recruitment tour run by the Ministries of Health and Northern Affairs visited each of the province's five university medical centres. The initiative brought together more than 1,100 students and graduates seeking practice opportunities, and representatives from northern and southern communities in need of their services.

Dental Specialists

While the Underserviced Area Program has attracted many general dental practitioners to the north, there is still a shortage of dental specialists. This year the program awarded two $28,000 incentive grants to encourage periodontists, who treat gum diseases, to practise in northern cities.

The grants will be paid quarterly over four years. The purpose is to make it easier for northerners to receive periodontal service without having to travel to the south.

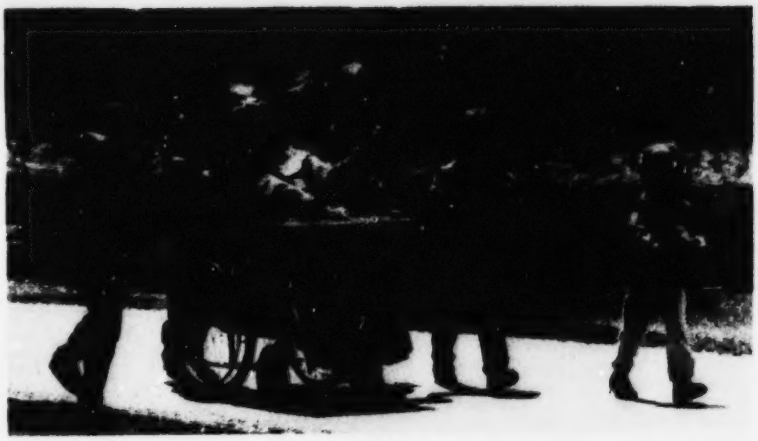
Dental Vehicles

Nine mobile dental vehicles run by the ministry provide preventive and treatment services free of charge to preschool and elementary schoolchildren in underserviced areas. During the year an estimated 3,665 children received more than 30,000 services in 9,792 patient visits.

Dr. Bill Copeman, Manager of the Underserviced Area Program (left), on his fifth annual recruitment tour.

Inside the mobile dental unit, which offers dental service without charge to disabled people in the northern areas of the province.

Ministry funding also makes it possible for the University of Toronto's Faculty of Dentistry to operate a mobile dental clinic for the disabled of all ages in Northern Ontario. The service is housed in a 60-foot trailer with wheelchair access and other special features to suit the needs of the handicapped.



The Assistive Devices Program will pay 75 per cent of the cost of medically necessary equipment and supplies for young people 18 years of age or younger.

Though movable, the trailer remains in one area for an extended period to service all disabled people from nearby communities. This year the vehicle was located at the Cochrane Timiskaming Resource Centre in South Porcupine. It will remain there for another year at the request of the centre.

Assistive Devices Program

Some 15,000 young people each year receive help to purchase approximately 30,000 pieces of equipment and supplies under the Assistive Devices Program.

The program pays about 75 per cent of purchase costs for such items as wheelchairs, artificial limbs, braces, hearing aids, incontinence and ostomy supplies, and respiratory supplies and equipment.

Research Grants

The Ministry of Health is a major funding source for scientific research to seek better ways of treating and preventing disease and managing the health care system.

This year the ministry awarded a total of $7.7 million through 194 grants for research projects and personnel across the province. The projects range from a study in London on the effectiveness of nuclear magnetic resonance imaging as a cancer diagnostic tool ($13,350), to one in Hamilton evaluating an education program for physicians caring for patients with high blood pressure ($236,537).

The grants include more than $2 million awarded to 38 career scientists, 19 post-doctoral fellows and 11 graduate students under the ministry's Health Research Personnel Development Program. This was the second year of the program, which assists the training and development of new researchers in clinical and community health fields.

Research Council Inaugurated

The Health Research and Development Council of Ontario — established to foster, maintain and enhance the excellence of health research — held its inaugural meeting this fall.

The council will provide advice to the minister on health research policy and the principles of health research program design. It is a voluntary body made up of representatives of the research community, business and industry.

High-Tech Advisory Committee

Medical high technology is a burgeoning field. Recent developments range from computerized axial tomography (CAT) scanners and nuclear magnetic resonators (NMR) to heart surgery and organ transplants.

This year an Advisory Committee on High Technology was established to keep the ministry abreast of the latest advances and to make recommendations for the proper use of new devices and techniques in Ontario.

The committee will be assisted in its work by a series of expert advisory panels in specific fields. For example, a committee on NMR has been named to evaluate the clinical importance of this new technology and advise on its future application in the province.

Task Force on Kidney Donations

Kidney transplant techniques have improved dramatically in recent years. In July 1983 the ministry appointed a task force to recommend ways of increasing kidney donations for transplant operations.

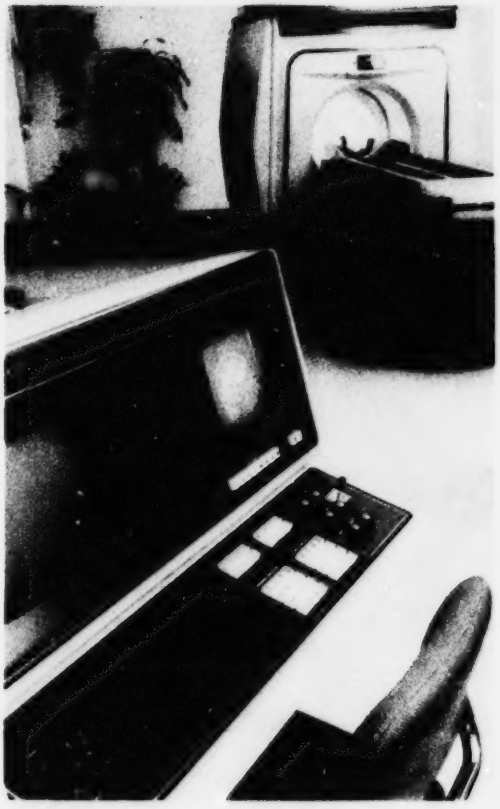
The task force includes representatives from all medical specialties involved, as well as from the clergy, the public and the Canadian Kidney Foundation. The committee will advise the ministry on how to raise both public and professional awareness of the importance of these donations. Its report is expected to be submitted in late 1984.

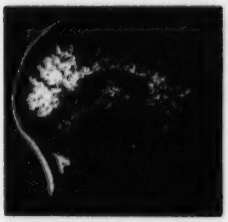
AIDS Research Under Way

Health researchers around the globe are hard at work studying AIDS (acquired immune deficiency syndrome), a complex ailment which reduces the body's natural ability to fight disease. The ministry this year set aside a $500,000 fund for AIDS research in Ontario.

The provincial Advisory Committee on AIDS, appointed in June 1983, has identified research priorities. These include epidemiological studies on the cause and natural history of the disease, the development of diagnostic tests and the examination of treatment methods.

A University of Toronto team headed by Colin Soskolne, PhD, and Randy Coates, MD, was awarded $91,119 from the fund this year to equip a study facility. In 1984-85 the group will receive a further $352,652 to undertake a comprehensive investigation to determine the factors that increase the risk of developing AIDS.





The nuclear magnetic resonance imager produces pictures based on the responses of atomic nuclei in a magnetic field. Photo: The Ontario Cancer Institute/Princess Margaret Hospital.

At the University of Western Ontario, Dr. Ho-Sum Ko will research the feasibility of a blood screening test for AIDS through a $12,500 grant from the fund.

Research Facilities

Hospital space dedicated to research has grown rapidly in Ontario in the past five years and the trend is expected to continue.

A new Research Institute and laboratories opened at St. Joseph's Hospital in London.

Toronto lawyer Alan M. Schwartz heads a team conducting a review of all Ontario legislation governing the health professions.

In the forefront of this development are the Research Institute and laboratories which opened at St. Joseph's Hospital in London in October 1983. The new $13 million facility provides the hospital with eight times the research space it formerly had.

The ministry contributed $8.8 million to the project, and another $750,000 came from the Provincial Lottery.

Health Disciplines Review

An in-depth review of all Ontario legislation governing the health professions began this year.

Currently there are 16 health professions regulated by eight statutes. Several additional groups have requested legislation for their fields.

The review is being conducted by an independent team headed by Toronto lawyer Alan M. Schwartz. The team will recommend which professions should be regulated and propose ways of updating the legislation to optimize the quality of health care.

One of the chief goals of the review is to resolve a number of differences among professions over their respective roles in the delivery of health care.

By January 1984 the review team had received 121 submissions from professional governing bodies and voluntary organizations, consumer groups, employer associations, labor unions and government agencies. The briefs addressed 22 topics suggested by the review team, including the need for regulation, entry to practice requirements, scopes of practice, and due process provisions. Some submissions raised additional issues for consideration.

The second round of briefs, in which participants will have the opportunity to respond to questions raised by the review team and by other groups, was due June 30, 1984. The review team expects to be able to make initial recommendations to the minister during 1985 concerning which disciplines should be regulated.

Health Services Patterns Probed

In his 1982 report on physician compensation, the chairman of the joint committee, Professor Paul Weiler, highlighted the unexplained rate of increase in the utilization of physicians' services.

Professor Weiler recommended research to investigate this pattern and, in response, the Ministry of Health and the Ontario Medical Association agreed to undertake a joint study.

The project's scope is wide-ranging, including not only physicians' services but also those services ordered by physicians, such as laboratory tests and drugs. This year advisory and steering committees were formed, and laboratory utilization was chosen for initial intensive study. Expert working parties will be formed in each area selected for investigation.

Ontario Council of Health

In the spring of 1983, the Ontario Council of Health organized the "Health Care: the '80s and Beyond" conference which formed an important component of the ministry's strategic planning process.

One outcome of this event and the following regional conferences was the identification of several key topics for further study. The council decided to embark on a major new initiative to develop policy advice in one of these areas — health promotion and disease prevention.

During the year the council completed its study of broad aspects of medical manpower planning, as well as its review of task force recommendations on laboratory services.

Services for Elderly Reviewed

The Special Corporate Projects unit in the deputy minister's office continued its review of provincial health and health-related services for the aged. The objective of the review is to develop policy proposals for improvements in community and institutional services for the elderly.

Advisory Committee on Women's Health Issues

An advisory committee was appointed within the ministry in May 1983 to ensure that ministry policies and programs are sensitive to health issues which impact specifically on women. The 10 committee members are drawn from the ministry's major program areas.

The committee has a mandate to assess current and proposed ministry programs and to recommend priorities from a women's health perspective. This year the group provided advice on numerous ministry initiatives, including community mental health programs, rape crisis centres and research grants. It also contributed to the development of a government-wide action plan by the provincial Women's Directorate.

The committee established family centred reproductive care as a women's health priority and underlined the need for research on issues affecting the provision of these services.

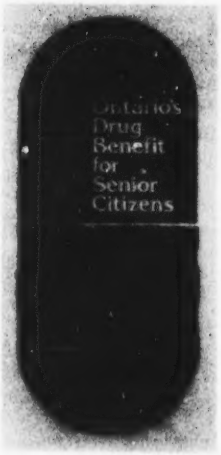
Drug Programs and Policy Group

The ministry's drug and pharmaceutical activities were combined into a single unit, the Drug Programs and Policy Group, this year.

The group's mandate is twofold: to ensure that the general public and health professionals have access to a full range of high-quality cost-effective pharmaceutical services; and through the Drug Benefit Plan, to supply the elderly, those on social assistance and other specific groups with certain prescription drugs.

Pharmaceutical Services, which administers the operations of the Drug Benefit Plan, completed the final phases of relocation to Kingston with no interruption in customer service. A total of 25.2 million claims were processed during the year.

The Drugs and Therapeutics Advisory Service in Toronto recommended and received the minister's approval for the listing of an additional 136 products and four manufacturers in the Parcost/Drug Benefit Formulary distributed to health professionals.



The pamphlet, Ontario's Drug Benefit for Senior Citizens, describes the program.

Les brochures et le matériel publicitaire réalisés par le ministère de la Santé sont disponibles en français.

Jane Taylor, recently appointed administrator of the Queen Street Mental Health Centre, is the first female administrator in the provincial psychiatric hospital system.

Services en français

En 1979, le ministère de la Santé s'est engagé à fournir aux Franco-Ontariens la gamme la plus complète possible de services de santé en français.

Fidèle à ses engagements, le ministère a accordé cette année à sept hôpitaux des subventions s'élevant au total à 320 880 $ pour des programmes de formation linguistique du personnel hospitalier.

De plus, le ministère a accordé 53 779 $ à l'Accueil médical francophone, un centre d'information médicale situé à Toronto, qui offre des services d'interprétation, de traduction et d'orientation; il a versé 10 000 $ au Centre de communication d'Ottawa pour familles et patients pour l'aider aux dépenses de traduction.

Une étude importante a été amorcée dans neuf hôpitaux publics pour déterminer l'efficacité de la prestation des services en français aux clients qui en ont besoin. L'étude servira à établir un plan de travail dans chaque établissement pour améliorer la gamme et la qualité des services en français. Des consultations suivies auront lieu sur une période de 12 mois.

Les études initiales seront terminées d'ici la fin de 1984 et leur coût de 88 000 $ sera couvert à parts égales par le ministère et le secrétariat d'État fédéral. On envisage, dans un avenir prochain, d'étendre le programme à d'autres hôpitaux.

Des projets similaires, qui seront entrepris au courant de 1984 à l'hôpital psychiatrique de Brockville et à l'hôpital psychiatrique de North Bay, seront entièrement financés par le ministère.

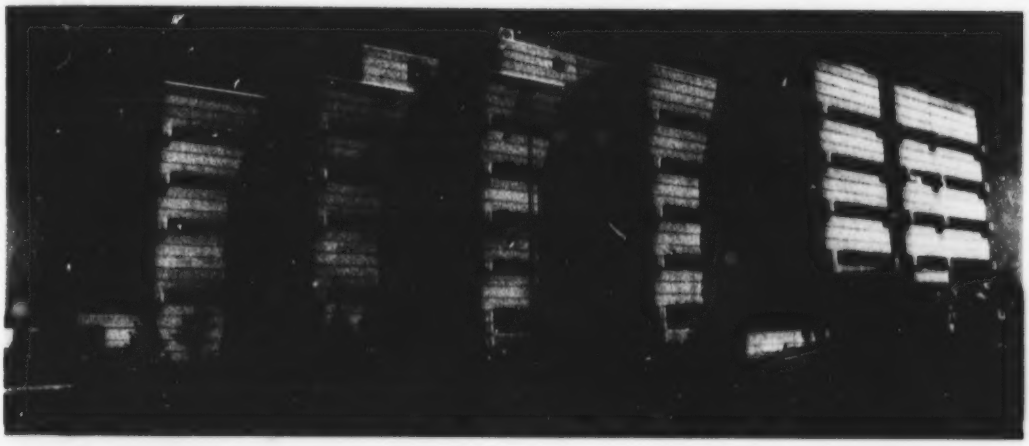
Affirmative Action

The ministry's Affirmative Action Program scored major breakthroughs this year in the hiring and promotion of women.

Queen Street Mental Health Centre appointed the first female administrator in the provincial psychiatric hospital system. Women also moved into assistant administrator positions for the first time, winning three of these posts in the psychiatric facilities. Another first was the hiring of female attendants — seven in all — for the maximum security unit at Penetanguishene Mental Health Centre.

In total, 32 women entered job classes in which they are under-represented, that is, which are less than 30 per cent female. For example, one woman joined the executive group, two became senior financial officers, another was hired as a motor vehicle operator and three as ambulance officers.

To further their progression into traditionally male lines of work, women undertook 364 developmental assignments within the ministry last year.



OHIP's head office completed its move into the Macdonald-Cartier building in Kingston this year.

In addition, 175 female office and clerical workers attended a series of micro-technology workshops delivered by Affirmative Action staff; 87 head office managers and professionals participated in micro-computer workshops; and 570 women took part in career development sessions on such subjects as resume-writing and interview techniques.

OHIP on the Move

The Ontario Health Insurance Plan's head office completed its relocation to the new Macdonald-Cartier Building in Kingston this year with no disruption of service. The move, which was part of the initiative to decentralize government operations into eastern Ontario, was a mammoth logistical task accomplished in stages over 2½ years.

The communications program on entitlement to premium assistance was strengthened this year. Called "OHIP Works For You, Even If You're Not Working", the campaign included a publication and information package as well as training programs for counsellors at community self-help centres. Through both print materials and direct contact, OHIP ensures that workers who may become unemployed receive information on maintaining health insurance coverage and obtaining premium assistance.

At a meeting of all the provincial and territorial health plans in September 1983, OHIP was selected to be the focal point for an information exchange on payment procedures for new as well as established treatments. This service will give provinces and territories a better means of sharing information on policies and procedures.

OHIP worked with the Ontario Medical Association to develop technology allowing physicians to submit medical claims by an automated computer billing process. The new system utilizes personal computers and diskettes instead of paper claim cards. It was expected that about 1,000 physicians would be using it within a year.

Audit Branch

Value for money auditing evaluates not only financial controls but also management systems. With the advent of this approach, the internal auditor is regarded more and more as an adviser to management.

The ministry's Audit Branch this year developed training programs to prepare its staff for this expanded role in helping managers improve their efficiency and effectiveness.

As usual, the branch contributed to the ministry's controllership and accountability processes by performing financial and operational audits of a number of branches within the ministry and its outside agencies.

Metric Conversion

The Ontario health care system is phasing in the International System of Units (SI). Phase one was completed this year with the province-wide adoption of SI units in laboratory medicine.

The achievement is a credit to the public and private sector committee charged with bringing about standardization in this field on a voluntary basis.

The next two stages got under way with the creation of advisory committees on pharmacy and dietary/nutrition. Their role is to investigate the impact of and need for SI conversion in these disciplines.

The ministry's Metrication Office supports the provincial committees and provides guidance to ministry program areas affected by conversion.

Administrative Support

The Supply and Services Branch was instrumental in planning to meet the accommodation and service needs of the new OHIP headquarters in Kingston, including the installation of a modern telecommunications system.

The Ontario Government Pharmacy standardized many supplies used in emergency care. These items are stocked at the pharmacy to achieve economies in purchase and distribution.

Thirteen new facilities were acquired and six others upgraded to accommodate the expansion of the ministry's Emergency Health Services Program.

The Finance and Accounting Branch completed the relocation of its insurance accounting section to Kingston this year.

Healthy Lifestyles Promoted

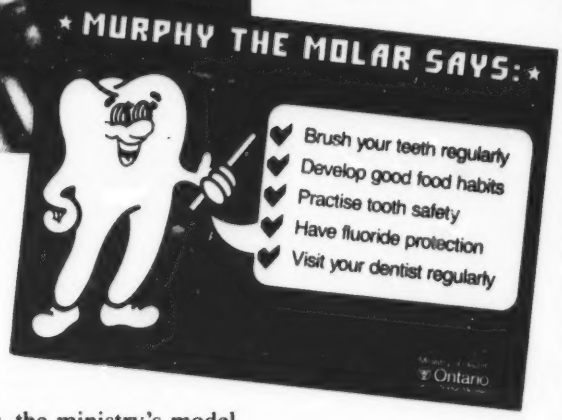
A major goal of the ministry is to put greater emphasis on the prevention of disease by promoting healthy lifestyles and stressing personal responsibility for health. The Health Promotion and Information Branch delivers the prevention message through an intensive public information program.

In 1983-84 the branch emphasized the dangers of cigarette smoking in its health promotion campaign. A mother and young daughter were featured in a 30-second TV commercial produced in English and French, with the theme "Stop smoking now before she starts". A shorter supermarket version as well as a closed caption version for the hearing impaired were also produced. Posters and transit advertisements reinforced the theme and two 60-second radio commercials aimed at teenagers were aired.

Several provinces have requested copies of the ministry's anti-smoking materials. Ontario's TV commercials are running in New Brunswick and its radio advertisements in Saskatchewan.

Several campaigns are designed to spread the good health message among the young to encourage health habits that will last a lifetime. Health Spell, the ministry's successful children's theatre, toured for nine weeks in 1983, presenting 71 shows to an estimated audience of 18,000 children in 22 communities. The tour was co-sponsored by the Ministry of Northern Affairs.

Transit ad emphasizes the dangers of cigarette smoking as part of a health promotion campaign.



A Murphy poster is one component of the dental resource kit, which teaches dental care to elementary schoolchildren.

Geared to eight to 11 year olds, the play uses musical vignettes as well as mime and puppets to help children learn concepts about healthy living. An evil wizard tempts the hero, Rodney, to eat junk food, smoke cigarettes, drink alcohol and give up exercising. But in the end Rodney breaks the spell, convincing himself that a healthy lifestyle is best.

The ministry appealed to a somewhat older youth audience with its annual Eat Sensibly nutrition awareness contest. High schools across the province were eligible for $1,000 regional awards plus a further $1,000 provincial grand prize for the most imaginative program highlighting the value of good nutrition.

Ridgeway-Crystal Beach High School in the Niagara Region won the top provincial award for the fourth year in a row. Its project included a shopping mall presentation and other community activities.

The ministry's dental education programs are among several factors which have helped reduce cavities among Ontario school pupils — an improvement that should persist as today's children become adults.

Murphy the Molar, the ministry's model of good dental health, has become a celebrity to most youngsters in the province. This year the ministry expanded the dental resource kit, which contains a variety of items on dental care for different elementary grades, such as activity sheets and buttons. A Murphy poster, and stickers for kindergarten and Grade 8 were added.

The branch continued to provide critical communications support for the ministry's universal immunization campaign. This year phase two of the campaign was implemented covering all pupils under age 18. The branch produced a poster and pamphlet with the theme "A Call to Arms — Roll Up Your Sleeves and Protect Yourself". The poster depicts a group of smiling teens rolling up their sleeves, ready to be immunized.

The Health Promotion and Information Branch also provided communications services for several other ministry initiatives. A display was produced for the Assistive Devices Program, which helps young people purchase such aids as wheelchairs and prostheses. The annual recruitment tour run by the ministry's Underserviced Area Program was backed by a new poster featuring the program manager declaring "I Want You."

The branch worked to raise awareness of emergency health services by creating a display for Toronto's Canadian National Exhibition and providing a pamphlet titled How to Handle an Emergency as support material. A new road trauma display was also prepared, depicting a motorcycle accident and the tiered response of police and ambulance attendants.

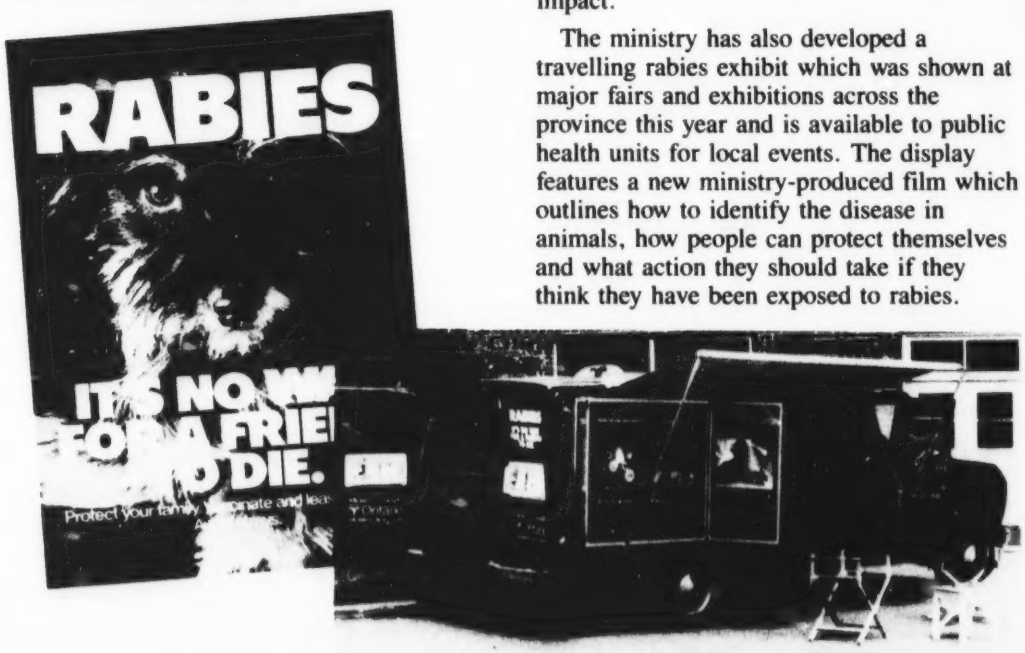
Rabies Combated

A serious health menace which has intensified in recent years is the danger of animal rabies. The number of humans treated for the disease reached 2,481 in 1983 compared with 1,403 in 1976.

The ministry this year initiated a major advertising campaign to alert the public to take precautions. A poster was produced featuring Benji, a sad-eyed dog. It warns: "Rabies — It's No Way for a Friend to Die. Protect your family. Vaccinate and leash your pet. Avoid strays."

The poster was distributed through Ontario liquor stores and Brewers Retail outlets, veterinary associations, agricultural societies and feed stores. A pamphlet, transit advertising, newspaper ads and public service radio announcements reinforced the impact.

The ministry has also developed a travelling rabies exhibit which was shown at major fairs and exhibitions across the province this year and is available to public health units for local events. The display features a new ministry-produced film which outlines how to identify the disease in animals, how people can protect themselves and what action they should take if they think they have been exposed to rabies.



A rabies poster and a travelling rabies exhibit alerted the public to the dangers of animal rabies.

Statement of Revenue and Expenditure

Expenditure	
Ministry Administration Program	
Main Office	$6,126,026
Financial Services	7,143,843
Supply and Office Services	12,591,855
Personnel Services	3,700,243
Information Services	4,518,689
Analysis and Planning	377,588
Legal Services	638,186
Audit Services	1,444,140
Research	17,461,538
Systems Development Services	16,200,485
District Health Councils	8,400,976
Total	**$78,603,569**
Institutional Health Program	
Program Administration	$633,286
Emergency Health Services	106,035,611
Institutional Care Services	4,317,437,078
Laboratory Services	21,318,766
Total	**$4,445,424,741**
Public and Mental Health	
Program Administration	$914,971
Mental Health	367,922,656
Health Programs	230,866,682
Experience '83	503,497
Total	**$600,207,806**
Health Insurance Program	**$2,459,516,696**
Total Expenditure	**$7,583,752,812**
Revenue	
Contributions:	
Government of Canada	$17,847,459
Premiums:	
Ontario Health Insurance Plan	1,478,863,755
Loans to Public Hospitals	16,090,867
Miscellaneous	54,699,837
Total Revenue	**$1,567,501,918**

Summary of Public Hospital Care

All Public Hospitals in Ontario	Year Ended March 31, 1984*	Year Ended March 31, 1983	Percentage Increase (Decrease)
Approved Beds	48,973	48,762	0.4
Number of:			
Admissions	1,294,364	1,285,799	0.7
Discharges and deaths	1,295,831	1,288,500	0.6
Patients under care during year	1,326,532	1,329,233	-0.2
Total patient days:			
Discharges and deaths	14,926,795	14,711,676	1.5
Care given during year	15,349,945	15,219,209	0.9
Average length of stay:			
Acute	8.6	8.7	-1.1
General rehabilitation	38.4	37.3	2.9
Chronic	249.8	237.6	5.1
Psychiatric**	31.8	30.1	5.6
Alcohol and drug addiction***	31.3	28.0	11.8
Special rehabilitation	49.0	45.0	8.9
Overall average	11.5	11.4	0.9
Number of radiological examinations–diagnostic:			
In-patients	2,001,330	1,928,064	1.9
Out-patients	3,597,178	3,533,574	1.8
Total units of laboratory service in hospitals:			
In-patients	391,982,530	379,861,160	3.2
Out-patients	184,995,474	174,987,915	5.7
Referred-in	65,236,373	58,631,531	11.3
Routine health	122,491,726	114,672,227	6.8
Total staff and employees of hospitals:			
Full-time	100,863	99,705	1.2
Part-time	42,146	39,161	7.6

*1984 data is preliminary for the fiscal year ending March 31, 1984.
**Refers to Clarke Institute and Sudbury Algoma Hospital. Psychiatric units included in Acute.
***Refers to Donwood Institute only.

Inventory of Approved Institutional Beds

	As at March 31, 1984*	As at March 31, 1983
Public Hospitals		
Acute**	36,480	36,314
Chronic***	12,493	12,448
	48,973	48,762
Private Hospitals		
Acute	310	322
Chronic	507	507
Nursing Homes	29,215	28,941
Homes for the Aged****	12,944	12,881
Total of all Institutions	91,949	91,413

*Subject to audit
**Acute includes Psychiatric Beds
***Chronic includes Special and General Rehabilitation Beds
****Extended Care only

Summary of Ontario Home Care Program Activities 1983–84

	Acute	Long-Term (Chronic)
Admissions	92,976	28,297
Discharges	91,994	25,921
Case-load	179,076	155,460
Total Patient Days	2,528,360	3,290,990
Average Length of Stay	28	127
Total Professional Visits		
Nursing	935,747	827,454
Occupational Therapy	47,510	19,179
Physiotherapy	161,461	88,368
Speech Pathology	5,589	3,359
Nutrition	3,106	1,426
Social Work	4,060	6,125
Total Homemaking Hours	820,762	2,073,913

Vaccine Distributed—April 1, 1983–March 31, 1984

Vaccine Distributed	Doses Distributed	Dollar Value
Diphtheria Toxin Schick Test (SCREEN)	61,340	$ 26,961
Diphtheria Toxoid (STAR)	16,857	31,871
Diphtheria Toxoid (LIGHT)	9,790	13,148
Diphtheria Toxoid (ROCKET, COMET)	5,815	5,305
Diphtheria Toxoid, Pertussis and Tetanus (EARTH)	18,105	25,523
Diphtheria Toxoid, Tetanus Toxoid (TURF)	12,948	14,770
Pertussis Vaccine (WHOOP)	4,325	6,944
Rabies Vaccine (HUMAN DIPLOID)	11,760	658,560
Tetanus Toxoid (GRAIN)	265,085	483,124
Tetanus and Diphtheria Adsorbed	16,035	29,878
Diphtheria Antitoxin (FAWN)	0	0
Tetanus Antitoxin (BIRCH)	0	0
Rabies Antiserum (HORSE SERUM)	0	0
Diphtheria, Tetanus, Pertussis and Polio Vaccine (QUAD)	775,830	3,248,372
Diphtheria, Tetanus and Polio Vaccine (TRIAD)	489,005	2,113,160
Tetanus and Polio Vaccine (BIAD)	488,195	2,037,633
Polio Vaccine Oral (SABIN)	22,000	34,430
Polio Vaccine Unigen (LAKE)	128,365	519,212
Rabies Vaccine (RABBLE)	0	0
Rabies Immune Serum (HUMAN)	9,476	708,923
Rabies Tissue Culture (RACE)	0	0
Antivenin	104	3,115
Rubella	31,750	111,312
Duck Embryo	0	0
Measles-Mumps-Rubella	443,610	2,800,589
Rifampin	19	794
Heptavax	13,689	562,568
TOTAL	2,824,103	$13,436,192

Summary of OHIP Activities for Fiscal 1983–84

Enrolment	Certificates		Participants	
Average number of certificates and participants during 1983-84				
Single	1,883,565	(43.7%)	1,883,565	(21.5%)
Family	2,422,873	(56.3%)	6,872,916	(78.5%)
TOTAL	4,306,438		8,756,481	
Groups	2,145,237	(49.8%)	5,143,381	(58.7%)
Full pay	469,590	(10.9%)	1,002,828	(11.5%)
Partially assisted	4,641	(0.1%)	8,306	(0.1%)
Fully assisted	328,295	(7.6%)	517,272	(5.9%)
Temporary assisted	82,109	(1.9%)	148,319	(1.7%)
65 and over	966,746	(22.4%)	1,361,231	(15.5%)
D.V.A.	22,326	(0.5%)	43,738	(0.5%)
Municipal welfare	116,930	(2.7%)	199,121	(2.3%)
Provincial welfare	170,564	(4.0%)	332,285	(3.8%)
Total Claim Payments Paid during year $2,149,308,904				
Service distribution (all payments)				
Medical	$1,970,217,227	(91.7%)		
Dental	7,944,872	(0.4%)		
Optometric	36,591,931	(1.7%)		
Chiropractic	47,846,622	(2.2%)		
Osteopathic	387,056	(–)		
Chiropody	4,531,385	(0.2%)		
Physiotherapy	13,979,779	(0.7%)		
Out of Province Hospital	67,810,032	(3.2%)		

Mode of Payment (Based on claims payments)	Physician %	Subscriber %
Medical	91.3	8.7
Dental	98.6	1.4
Optometric	97.3	2.7
Chiropractic	98.1	1.9
Osteopathy	97.0	3.0
Chiropody	93.8	6.2
Physiotherapy	100.0	—
Overall	91.7	8.3

Revenue	
Net premium revenue for combined plan	$1,478,861,757

Ontario Drug Benefit Plan

April 1, 1983 to March 31, 1984

1. EXPENDITURES		
Health	$254,148,300.28	
COMSOC	$49,050,520.86	
PLAN TOTAL	$303,198,821.14	
2. ELIGIBLE PERSONS		
Group	Eligible Persons	Actual Recipients
OAS (Over 65)	915,345	814,424
Home Care	13,586	13,586
Extended Care	10,821	10,821
Homes for Special Care	3,753	3,753
Other	169	169
General Welfare	223,666	223,666
Family Benefits	250,452	223,689
TOTALS	1,417,792	1,290,108
3. CLAIMS PAID		
Regular Claims	24,070,161	
Special Claims	1,082,866	
TOTAL ODB CLAIMS	25,153,027	
4. AVERAGE PRICE PAID PER "FEE FOR SERVICE" CLAIMS		$11.80
AVERAGE DISPENSING FEE		$4.59
AVERAGE DRUG COST		$7.21

Ministry Staff Strength

As of March 31, 1984, including full-time unclassified staff

Full-Time	
Branches	4,152
Psychiatric Hospitals	6,950
TOTAL	11,102
Part-Time	
Branches	124
Psychiatric Hospitals	846
TOTAL	968
COMBINED TOTAL	12,070